

## MONTHLY TELECOMMUTING REPORT

TO: Department Telecommuting Coordinator  
Administrative Support Bureau

FROM: \_\_\_\_\_  
Manager's Name
Signature

\_\_\_\_\_  
Clinic/Office
Pay Location
Date

Telecommuting details for this clinic/office for the month of \_\_\_\_\_ are:

Name	Employee Number	Date	Time	Hours	*Telecommuting Assignment <i>Provide brief description</i>

\*Does NOT include field work

c: Deputy Director

